

MEMBERSHIP APPLICATION

Name: (First)		Middle name	Last name:
Address:			
City		Province	Postal Code
Date of birth (day/month/year)	Home or cell phone	Work phone	Office Name
	Maiden name	E-mail	

Have you ever been a member of the NBDAA in the past? ☐ Yes ☐ No (If no, we need a copy of your credentials)

OCCUPATION:

- ☐ Level II
☐ Receptionist
☐ Educator
☐ Student
☐ Level I

CREDENTIALS

Dental Assisting School		
Year of graduation	NDAEB Certificate: yes or no	If yes, file number
Intra oral upgrade: year	Intra oral school	

Which Local (please circle one): Fredericton Moncton Saint John North Shore Upper St. John River Valley

- ☐ **STUDENT FEE** ☐ **INACTIVE FEE:** \$45 Provincial **Total: \$45.00**
☐ **LEVEL 1 FEE:** \$80 NBDAA; \$5.00 Local (**DOES NOT** qualify for Malpractice Insurance) **Total: \$85.00**
☐ **REGULAR FEE:** \$80 NBDAA; \$5.00 Local (Malpractice Insurance is separate) **Total: \$85.00**

Renewal date: October 1st

Please make **cheque or money order payable to N.B.D.A.A.** and **mail to the above address.**

E-Transfer is available at nbdaa@bellaliant.net

No refunds

* **Malpractice insurance** will be available for purchase each December through our “**Members Only**” section on our website.

The cost of the insurance is **\$20.00**, and it will provide coverage from January to December.

Please ensure you buy your insurance in December to maintain uninterrupted coverage.

Credit Card Payment



Card # _____

Exp. date _____ Security code _____

Authorized Signature: _____

Signature: _____

Date: _____